

PART B - FEE(S) TRANSMITTAL



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54945 7590 05/22/2006

NIXON PEABODY LLP
401 9TH STREET, N.W.
SUITE 900

WASHINGTON, DC 20004

08/01/2006 SFELEKE2 00000060 503205 10797269

01 FC:1501 1400.00 DA

02 FC:1504 300.00 DA

03 FEE:8000 3.00 DA

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/797,269

03/10/2004

Kenneth David Harris JR.

033964-1090

2830

TITLE OF INVENTION: SYSTEM AND METHOD FOR DETERMINING TEMPERATURE OF FOOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAGAN, MIRELLYS	2859	374-155000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Nixon Peabody LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Brockstone Purchasing, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Merrimack, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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Advance Order - # of Copies 3

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A check in the amount of the fee(s) is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3205 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Andrea L. Hirst

Date 26 Jul 2006

Typed or printed name Andrea L. Hirst

Registration No. 55,269

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